UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

NOTICE OF ALLOWANCE AND FEE(S) DUE

23477

7590

06/17/2005

MARKS & CLERK 1075 NORTH SERVICE ROAD WEST SUITE 203 OAKVILLE, ON L6M 2G2 CANADA EXAMINER

JOHNSON III, HENRY M

ART UNIT

PAPER NUMBER

3739

DATE MAILED: 06/17/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/775,362 | 02/10/2004 | Jerzy Pohler | 91501.015504 | 1215 |

TITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMORRHOIDS WITH FROZEN HEALING MEDIA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 09/19/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| MARKS & CLERK 1075 NORTH SERVICE ROAD WEST SUITE 203 OAKVILLE, ON L6M 2G2 CANADA APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 10775,362 02/10/2004 Jerzy Pohler TITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-1140 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). CRADE TO THE ADDRESS OF Correspondence address or indication of "Fee Address" (37 CFR 1.563). CRADE TO THE ADDRESS OF CORRESPONDENCE ADDRESS OF CORRESPONDENCE ADDRESS OF SIGNED STREET OF THE ADDRESS OF SIGNED STREET S | · | | | | |
|--|--|--|--|--|--|
| MARKS & CLERK 1075 NORTH SERVICE ROAD WEST SUITE 203 OAKVILLE, ON L6M 2G2 CANADA APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 10/775,362 02/10/2004 Jerzy Pohler TITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-1140 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Rumber is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA Please check the appropriate assignee category or categories (will not be printed on the patent): Dissue Fee Acheck in the amount of the patent of the | Certificate of Mailing or Transmission ertify that this Fee(s) Transmittal is being deposited with the Unite tal Service with sufficient postage for first class mail in an envelop to the Mail Stop ISSUE FEE address above, or being facsimil it to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name (Signature (Date ATTORNEY DOCKET NO. CONFIRMATION NO. 91501.015504 1215 DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 10/775,362 02/10/2004 Jerzy Pohler TITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION TO SAMINER ART UNIT CLASS-SUBC EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-1140 C. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). C. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Pree Address' indication (or "Fee Address" Indication form PTO/SB/122) attached. C. SASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign (A) NAME OF ASSIGNEE Crease check the appropriate assignee category or categories (will not be printed on the patent): Crease check the appropriate assignee category or categories (will not be printed on the patent): Crease check in the amount of the amount of the patent of the control of the amount of the manument of t | ertify that this Fee(s) Transmittal is being deposited with the Unite tal Service with sufficient postage for first class mail in an envelop to the Mail Stop ISSUE FEE address above, or being facsimil to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name (Signature Date of Confirmation No. 91501.015504 1215 DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 10/775,362 02/10/2004 Jerzy Pohler TITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-1140 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. AGMINER ART UNIT CLASS-SUBC 1 (1) the names of up to 3 region or agents OR, alternatively, (2) the name of a single firm registered attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual. The following fee(s) are enclosed: A check in the amount of the patent of the | (Depositor's name (Signature (Signature) (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. 91501.015504 1215 DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 10/775,362 02/10/2004 Jerzy Pohler ITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-1140 Change of correspondence address or indication of "Fee Address" (37 JFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ACCHANGE OF CORRESPONDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA) lease check the appropriate assignee category or categories (will not be printed on the patent): Individual. The following fee(s) are enclosed: A check in the amount of the patent of the | (Depositor's name (Signature (Date ATTORNEY DOCKET NO. CONFIRMATION NO. 91501.015504 1215 DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 10/775,362 02/10/2004 Jerzy Pohler ITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-1140 Change of correspondence address or indication of "Fee Address" (37 JFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ACCHANGE OF CORRESPONDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA) lease check the appropriate assignee category or categories (will not be printed on the patent): Individual. The following fee(s) are enclosed: A check in the amount of the patent of the | (Depositor's name (Signature (Date (| | | | |
| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 10/775,362 02/10/2004 Jerzy Pohler ITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-11400 . Change of correspondence address or indication of "Fee Address" (37 (1) the names of up to 3 region or agents OR, alternatively, 20 (2) the name of a single firm registered attorney or agents or Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): Individual. The following fee(s) are enclosed: A check in the amount of the latent of the patent of the pate | (Signature (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. 91501.015504 1215 DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| INCLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMOTORY INVENTION: DISPOSABLE CLASS-SUBC. Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence address of up to 3 region or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) and the patent of the patent attorneys of isted, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | ATTORNEY DOCKET NO. CONFIRMATION NO. 91501.015504 1215 DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| ITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-11400 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address findication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA descent in the amount of the patent): Items the tree of a customer of the patent of the pat | ATTORNEY DOCKET NO. CONFIRMATION NO. 91501.015504 1215 DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| ITLE OF INVENTION: DISPOSABLE CRYOTHERAPY DEVICE FOR THE TREATMENT OF HEMO APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-11400 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address findication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA descent in the amount of the patent): Items the tree of a customer of the patent of the pat | 91501.015504 1215 DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-1140 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the | DRRHOIDS WITH FROZEN HEALING MEDIA | | | | |
| APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-11400 Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address or indication of "Fee Address" (1) the names of up to 3 region agents OR, alternatively, (2) the name of a single firm registered attorney or agent) are gistered attorney | | | | | |
| APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION nonprovisional YES \$700 \$300 EXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-11400 Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The change of correspondence address or indication of "Fee Address" (1) the names of up to 3 region agents OR, alternatively, (2) the name of a single firm registered attorney or agent) are gistered attorney | | | | | |
| EXAMINER ART UNIT CLASS-SUBC | N FEE TOTAL FEE(S) DUE DATE DUE | | | | |
| REXAMINER ART UNIT CLASS-SUBC JOHNSON III, HENRY M 3739 607-1140 Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA) lease check the appropriate assignee category or categories (will not be printed on the patent): Issue Fee ART UNIT CLASS-SUBC 2. For printing on the patent for agents of a gents of a gents of a gents of a gent of a gents of a gent of a gents of a gent | N FEE TOTAL FEE(S) DUE DATE DUE | | | | |
| EXAMINER ART UNIT CLASS-SUBC | TOTAL PEE(3) DOE DATE DUE | | | | |
| EXAMINER JOHNSON III, HENRY M 3739 607-1140 Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA deceded in the amount of the patent): Issue Fee | 61000 00000 | | | | |
| JOHNSON III, HENRY M 3739 607-1140 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA) lease check the appropriate assignee category or categories (will not be printed on the patent): a. The following fee(s) are enclosed: A check in the amount of the | \$1000 09/19/2005 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): [Individual Payment of Fee(s): A check in the amount of the | LASS | | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): [Individual of the payment of Fee(s): A check in the amount of the payment of the | 00 | | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): a. The following fee(s) are enclosed: A check in the amount of the patent or agent or agent on a single firm registered attorney or agent): 2 registered patent attorneys or listed, no name will be printed is prepared. (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): A check in the amount of the patent or agent or | ront page, list | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): [Individual lease check in the amount of the last of the amount of the last o | stered patent attorneys 1 | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assign. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): [Individual lease check in the amount of the lease fee | Chandra and a susself and 2 | | | | |
| ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignic (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee | and the names of up to | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignic (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): Individual. The following fee(s) are enclosed: Issue Fee A check in the amount of the | or agents. If no name is 3 | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignic (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA lease check the appropriate assignee category or categories (will not be printed on the patent): Individual. The following fee(s) are enclosed: Issue Fee A check in the amount of the | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STA | If an assignee is identified below, the document has been filed forment. | | | | |
| lease check the appropriate assignee category or categories (will not be printed on the patent): Individual The following fee(s) are enclosed: Issue Fee A check in the amount of the | | | | | |
| a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the | | | | | |
| a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the | | | | | |
| a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the | . Idual D Composition or other private group article. D Composition | | | | |
| ☐ Issue Fee ☐ A check in the amount of the | dual Corporation of other private group entity Governmen | | | | |
| | | | | | |
| Publication Fee (No small entity discount permitted) | Payment by credit card. Form PTO-2038 is attached. | | | | |
| | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, | | | | |
| Deposit Account Number | | | | | |
| Change in Entity Status (from status indicated above) | (enclose an extra copy of this form). | | | | |
| | (enclose an extra copy of this form). | | | | |
| he Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply at OTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the appleterest as shown by the records of the United States Patent and Trademark Office. | iming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | |
| Authorized Signature | iming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | |
| Typed or printed name | iming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | |
| | iming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ny previously paid issue fee to the application identified above. licant; a registered attorney or agent; or the assignee or other party in the assignee. | | | | |
| his collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a napplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated abmitting the completed application form to the USPTO. Time will vary depending upon the individual coils form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. ox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS lexandria, Virginia 22313-1450. | (enclose an extra copy of this form). iming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ny previously paid issue fee to the application identified above. licant; a registered attorney or agent; or the assignee or other party | | | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO |). F | ILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
|--|-----------|----------------|----------------------|-------------------------|----------------------|--|
| 10/775,362 | | 02/10/2004 | Jerzy Pohler | 91501.015504 | 1215 | |
| 23477 | 7590 | 06/17/2005 | • | EXAM | INER | |
| MARKS & CLERK 1075 NORTH SERVICE ROAD WEST | | ROAD WEST | | JOHNSON III | JOHNSON III, HENRY M | |
| SUITE 203 | DER VICE | ROAD WEST | | ART UNIT | PAPER NUMBER | |
| OAKVILLE, | ON L6M 20 | 3 2 | | 3739 | | |
| CANADA | | • | | DATE MAILED: 06/17/2005 | | |

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 68 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 68 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.